

Welcome to the weekly newsletter from the Center for Addiction Research! Each newsletter includes highlights from addiction in the news topics, active funding opportunities offered by NIDA/NIAAA, and information about any new publications from CAR members. Please email Jen Rowe (roweji@ucmail.uc.edu) to change your communication preferences. Thank you.

Thank you for your interest in the Center for Addiction Research - our mission is to accelerate scientific progress in the prevention and treatment of substance use disorders and their consequences by fostering research collaborations across: 1) UC departments, colleges, and centers including Cincinnati Children's Hospital Medical Center; 2) Local, regional, and state community and governmental partners; and 3) Other academic institutions and industry."



UC/ Regional News

Hamilton County area will get more than \$55 million from opioid settlement to 'clean up the mess' caused by addiction

The Hamilton County area is getting roughly \$55 million from a national opioid settlement and could start getting the money as soon as next month. Northern Kentucky counties will receive more than \$20 million but may have to wait slightly longer for the payout. Attorney Peter Mougey says the money is intended to "clean up the mess" caused by opioid addiction, after millions of people became addicted to opioids after being legally...

Teen Overdose Deaths Rose In 2020.

The [Cincinnati Enquirer](#) (4/6, DeMio, 223K) reports, "Overdose deaths among teens and young adults escalated in 2020 – as nearly 92,000 overdose deaths were counted in America." Furthermore, "the preliminary toll on 2021 overdose deaths was more than 100,000. Most of the deaths were blamed on synthetic opioids including fentanyl." David Baum, director of clinical services at ASAP Cincinnati, rarely sees kids who use opioids. According to the Enquirer, "Most vape, sometimes using cartridges with cannabinoid oil, or use alcohol, he said. ... But prescription pills, even nonopioid pills such as Ativan, a sedative, and Adderall, a stimulant – popular among younger recreational drug users – are a threat. Purchased online or on the streets, the pills are often counterfeit, the DEA says, and may contain or simply be pressed fentanyl."

Pharmacist: While Eyes Are On Opioids, Methamphetamine Ending Lives Below Surface.

In an opinion for the [Columbus \(OH\) Dispatch](#) (4/7, 526K), practicing pharmacist Michael Howcroft says that he has witnessed “the rise in the use of analgesic opioids and methamphetamine – at times, purchased right in front of my pharmacy.” Howcroft says, “Opioids and alcohol have dominated the news, but there is another drug, methamphetamine, that has been lurking in the background; It has become an epidemic.” He adds, “New treatment modalities, new therapeutics, and new dosage forms for existing therapeutics should be made available when sufficient efficacy and safety data are provided, so that the FDA can provide ‘provisional’ approval status to begin to get these methamphetamine addicts the help they need.” The National Institute on Drug Abuse is mentioned.

National News

Lawmakers On Opposite Sides Of Marijuana Debate Say More Pot Is Needed For Research.

[CBS News](#) (4/5, Watson, 5.39M) reports bipartisan lawmakers agree “that researchers simply don’t have enough access to more potent, high-quality weed, and more producers should be able to grow pot for research.” A bill “that passed the House Monday...would ease the way for producers at a time when more states are looking at decriminalizing marijuana.” Currently, researchers “can only use marijuana from a single government site, which is located at the University of Mississippi,” where “marijuana groups are grown in cooperation with the National Institute on Drug Abuse.” However, “the pot grown there often has significantly lower THC levels than what’s typically sold on the streets, and since there’s just one government-approved producer in the U.S., researchers are often hampered by red tape and supply issues.”

House Passes Bill To Legalize Marijuana; Senate Prospects Are Unclear.

The [New York Post](#) (4/1, Nelson, 7.45M) reported, “The House of Representatives on Friday voted to federally legalize marijuana, but the bill faces long odds in the Senate and a possible veto by President Biden, who opposes legalizing pot.” The bill “would remove marijuana from the Controlled Substances Act and let states set their own policies.” The Marijuana Opportunity, Reinvestment and Expungement (MORE) Act “passed 220-204. Two Democrats voted against it and only three Republicans voted in favor.”

Tribal Leaders Call On Congress To Provide “All The Resources Necessary” To Combat Opioid Crisis.

[The Hill](#) (4/5, 5.69M) reports that following “a landmark settlement deal with the nation’s largest drugmakers and distributors, Native American leaders told lawmakers Tuesday that the federal government must also fulfill its commitments to helping tribes fight the opioid epidemic.” Leaders from Native American tribes “demanded lawmakers fulfill their legal obligation to provide health care for all

tribal citizens – an obligation which” Rep. Katie Porter (D-CA) “said ‘the U.S. government has never delivered on.’” The Indian Health Service is mentioned.

Justice Department Guidelines Say Law Enforcement Agencies Violate Americans With Disabilities Act If They Discriminate Against People For Taking Prescription OUD Drugs.

The [AP](#) (4/5, Mulvihill) reports that in guidelines published Tuesday, the Department of Justice’s “Civil Rights Division said employers, health care providers, law enforcement agencies that operate jails and others are violating the Americans with Disabilities Act if they discriminate against people for taking prescription drugs to treat opioid use disorder.” Assistant Attorney General Kristen Clarke said, “People who have stopped illegally using drugs should not face discrimination when accessing evidence-based treatment or continuing on their path of recovery.”

Methadone Rx Best Option For Opioid Use Disorder.

[Clinical Advisor](#) (4/4, Della Volpe, 374K) reports a roundup that “provides updates on adherence rates for medications for opioid use disorder (OUD), a DEA rule allowing practitioners to dispense up to a 3-day supply of medication-assisted treatment (MAT) to patients being referred for OUD treatment, guidelines on managing substance use disorders, and rising rates of fentanyl-laced illicit drugs.” The article says, “Methadone was associated with the lowest risk of treatment discontinuation compared with buprenorphine and naltrexone in an analysis of Ohio Medicaid data published in the *Journal of Substance Abuse Treatment*.” The National Institute on Drug Abuse is mentioned.

Opinion: It Is Time To Make Change To Methadone Access For People With OUD.

In an opinion for the [Chicago Tribune](#) (4/4, 2.03M), Susan Calcaterra, an associate professor of medicine at the University of Colorado, writes that it is “time to make a tried-and-true change to methadone access for people” with opioid use disorder (OUD). Calcaterra says that the COVID-19 pandemic, “in combination with illicit fentanyl contamination of our drug supply, has contributed to a tsunami of overdose deaths in the US.” Calcaterra advocates for primary care providers to be “given legal authority to prescribe methadone for OUD in their clinics.”

Fentanyl-Laced Pill Seizures Have Increased Nearly 50-Fold Since 2018, Study Finds.

[CBS News](#) (3/31, Powell, 5.39M) reports National Institute on Drug Abuse researchers found that the “number of fentanyl-laced pills seized by law enforcement has increased nearly 50-fold between 2018 and 2021.” NIDA Director Nora D. Volkow said, “An increase in illicit pills containing fentanyl points to a new and increasingly dangerous period in the United States.” Researchers “compared data from the High Intensity Drug Trafficking Areas program for the first quarter of 2018 and the last quarter of December 2021” finding that “the number of seizures of pills containing fentanyl increased from 68 to 635. The total number of individual

pills containing fentanyl seized by law enforcement rose from 42,202 to 2,089,186 and seizures of powder containing fentanyl grew from 424 to 1,539.”

[The Hill](#) (3/31, Guzman, 5.69M) reports, “Fentanyl and other potent synthetic opioids are fueling an unprecedented spike in fatal drug overdoses nationwide, and now researchers warn the number of counterfeit prescription pills containing fentanyl is rapidly rising, creating a dangerous situation where people may unknowingly ingest the drug and put themselves at increased risk of overdose.” Often, “Drug traffickers...mix illicit fentanyl – which can be 50 times more powerful than heroin or morphine – with other powder drugs such as cocaine, heroin and methamphetamine because it’s cheap to manufacture and a small amount can be incredibly potent.”

Fewer Americans Under Age 18 Prescribed Narcotics For Surgical Pain Between 2014 And 2017, Research Suggests.

[HealthDay](#) (4/4, Mann, 11K) reports research “shows that fewer Americans under the age of 18 were prescribed narcotics to treat surgical pain between 2014 and 2017, and these numbers dropped even more rapidly beginning in late 2017.” The findings published in *Pediatrics* revealed that, “broken down by age group, prescriptions dropped from just over 78% to 48% for adolescents, from nearly 54% to 25.5% among school-aged children, and from about 30% to 11.5% for preschool-aged children.”

Here’s What Experts Say Can Lower Fentanyl Use And Overdose Deaths.

The [Denver Post](#) (4/3, Schmelzer, 660K) reports, “As the drug overdose crisis reaches its worse point in years,” a group of bipartisan lawmakers in Colorado “introduced a bill March 25 that attempts to address fentanyl’s exponentially rising death toll.” The Post added that it interviewed experts who “said lawmakers and law enforcement need to think outside of the box when addressing fentanyl. The drug’s potency and the ease with which it can be made mean many tenets of mainstream drug enforcement policy won’t work, they said.” National Institute on Drug Abuse Director Dr. Nora Volkow said that incarceration of people with addiction often leads to worse health outcomes. Volkow said, “Medications for opioid use disorders are the most effective intervention that we currently have.”

Wisconsin Officials Hold Listening Sessions On Responding To Opioid Epidemic.

The [AP](#) (4/5, Miller, Alonso-Zaldivar) reports that officials with the Wisconsin Department of Health Services “have come up with a list of recommendations on how to respond to the opioid epidemic in Wisconsin after holding a series of listening sessions and hearing from those who have struggled with addiction.” The officials “report that resulted from those sessions says the state needs more treatment places for people who are addicted to opioids, more availability of overdose treatments and a willingness to address the root causes of addiction.” Wisconsin “is due to receive more than \$400 million in funding from the settlement

of a multistate lawsuit against four pharmaceutical companies accused of fueling the opioid epidemic.”

Substance Use Disorder Symptoms Follow Teens Into Adulthood.

[MedPage Today](#) (4/1, Wu, 183K) reported, “Adolescents with substance use disorder (SUD) were more likely to have subsequent prescription” medication “use and symptoms of SUD in adulthood,” investigators concluded in an analysis of “Monitoring the Future study” data that “used questionnaires to assess SUD symptoms over a 32-year period from ages 18 (when participants were high school seniors) to 50, beginning in 1975.” The 5,317-responder study revealed that “students with two or more SUD symptoms at age 18 had higher odds of medical prescription” medication “use and prescription” medicine “misuse in adulthood, and 61.6% of adolescents with the most severe SUD symptoms (six or more) had at least two SUD symptoms in adulthood.” The findings were published online April 1 in JAMA Network Open. In an accompanying editorial, National Institute on Drug Abuse Director Dr. Nora Volkow, MD, and NIDA’s Eric Wargo, PhD, wrote, “Critics of the chronic disease model of addiction have argued that people frequently recover on their own, unaided, from SUDs, but [McCabe and colleagues] show that SUDs in adolescence often carry over into adulthood and may last decades.”

Additional Sources. [Psychiatric News](#) (4/1, 91K) reported that Volkow and Wargo “reflected on the potential value of screening that captures the intensity of substance use by adolescents as well as the need for interventions targeting substance use in this population,” writing, “Drug use and related behavioral problems are preventable when communities, schools, and health care systems are willing to invest in evidence-based prevention and therapeutic interventions appropriate to the youth’s risks.” Volkow and Wargo added, “For this to occur, healthcare systems must incorporate screening for drug use and SUD, including SUD severity, in office visits, and ensure that screening, prevention, and quality treatment are reimbursable by insurance.”

Top Drug Official Wants New Approach To Abuse Crisis.

[Medscape](#) (4/1, Dillon, Subscription Publication, 219K) reported, “As the federal government moves from military to medical metaphors in confronting a drug overdose epidemic that claims an American life every 5 minutes,” Dr. Rahul Gupta, MD, “finds himself...called to serve” as “the first physician to direct the White House Office of National Drug Control Policy (ONDCP).” According to Medscape, “The choice of Gupta to run the office marks a definitive shift for an office that had been headed by criminologists, border control officials, and four-star generals in a long-running ‘war on drugs.’ Gupta said he wants to attack untreated addiction, another problem he encountered frequently as a country doctor in” West Virginia. Gupta welcomes a plan in Biden’s proposed budget “to change the name of the National Institute on Drug Abuse to the National Institute on Drugs and Addiction.”

Senators Want DEA, HHS To Allow Continued Access To Controlled Substances Through Telehealth.

[mHealth Intelligence](#) (4/6, Melchionna) reports [Sens. Rob Portman \(R-OH\) and Sheldon Whitehouse \(D-RI\)](#) have written to the DEA and HHS “urging continued access to controlled substances via telehealth following the COVID-19 pandemic.” Amid the “pandemic, telehealth has proved popular for the delivery of behavioral health services and medication-assisted therapies” thanks to a waiver of the Ryan Haight Act. The lawmakers wrote, “We have heard from countless substance use providers in our home states who describe this waiver as a ‘game changer’ in expanding access to treatment for individuals with substance use disorder and combatting the current surge of drug overdoses.” The article mentions HHS Secretary Xavier Becerra.

Opinion: Xylazine, A Veterinary Tranquilizer, Shows The Future Of The Overdose Crisis.

In [TIME](#) (4/6, Friedman, Bourgois, 18.1M), Joseph Friedman, an MD/ PhD candidate at UCLA, and Philippe Bourgois, a Professor of Psychiatry and Anthropology at UCLA, write that there is “a new drug beginning to spread rapidly through the street drug supply of the United States: Xylazine, an animal tranquilizer, increasingly used as a synthetic cutting agent for opioids like heroin.” Friedman and Bourgois write that they “recently published a [study](#) (4/1, 258K), based on years of research across the US, which found that xylazine is popping up in cities all over the country.” They add that the national spread of xylazine “foreshadows the future of the overdose crisis – increasingly driven by powerful synthetic compounds mixed into potent combinations.”

Rural Veterans Receiving Tablets From VA Had Fewer Suicide-Related ED Visits, New Study Says.

[Modern Healthcare](#) (4/6, Gillespie, Subscription Publication, 215K) reports, “Rural veterans who received tablets from the Department of Veterans Affairs had more telehealth psychotherapy appointments and fewer suicide-related emergency department visits, according to a new study published Wednesday.” Study writers “from the VA Health Economics Resource Center located at the VA Palo Alto Health Care System in California tracked more than 13,000 veterans with a mental health history over the first year of the pandemic, after receiving a broadband- and video-enabled tablet from the VA.” According to the study, “the tablets enabled veterans to receive more mental healthcare than they normally would have, and they had a lower likelihood of having an emergency department visit for any reason.” The HHS is mentioned in this story. [\[Article attached.\]](#)

Colorado Legislators Open To MDMA As Mental Health Treatment.

The [Denver Post](#) (4/6, Coltrain, 660K) reports, “When Boulder psychiatrist Will Van Derveer first heard about people treating severe mental health issues with MDMA — popularly known as the party drug ecstasy, or molly — he was extremely skeptical.”

The outcomes have been “so promising he made time Tuesday to testify at the Colorado legislature in favor of a bill that would legalize the drug in therapy treatments as soon as it receives federal approval.” Following “his testimony and the endorsement of all the other speakers, bipartisan House Bill 1344 – sponsored by state Reps. Patrick Neville and David Ortiz, both US Army veterans – passed through the House Public and Behavioral Health and Human Services Committee unanimously.” The bill “still needs to clear the entire chamber and the Senate before going to Gov. Jared Polis for consideration.” The FDA is mentioned in this story.

Government Policy Makes Psychedelics Research ‘Extremely Hard,’ Top Federal Drug Official Says.

[Marijuana Moment](#) (4/5, Jaeger) reports, “Over the course of a two-day event last week organized by the National Academies of Sciences, Engineering and Medicine that focused on psychedelics treatment, two key officials weighed in on the challenges that scientists face when applying to conduct research into Schedule I drugs, even as interest among investigators continues to increase.” NIDA Director Nora Volkow, MD, “has consistently addressed the onerous process that researchers must go through in order to obtain these strictly controlled substances.” Volkow “said she’s personally reluctant to take up research initiatives involving Schedule I substances, even as there’s growing public interest in exploring these alternative therapies.” During last week’s event, Volkow said, “We need to work together both with the FDA and the DEA to ensure ways that we can carry on research on Schedule I substances without having to go through the procedures that are entailed for someone that is actually using these drugs for other purposes.” National Institute on Mental Health Director Joshua Gordon “was asked about any efforts his agency was taking to research psychedelics.” Gordon “said that there’s ‘interest among some of the intramural investigators to conduct their experiments in this area,’ and he pointed to one active program looking into ketamine and the therapeutic mechanisms behind its use in the treatment of depression.”

The Next Big Addiction Treatment.

The [New York Times](#) (3/31, Borrell, 20.6M) reports, “Several psychedelic drugs are touted as effective treatments for drug and alcohol abuse.” However, “psilocybin combined with therapy is emerging as the most effective.” Recently, “there has been a spate of research suggesting psychedelic drugs can help people manage mental health conditions like depression, anxiety, chronic pain or even eating disorders.” However, “a growing body of data points to one as the leading contender to treat the intractable disease of substance abuse. Psilocybin, the active ingredient in psychedelic mushrooms, has shown promise in limited early studies, not only in alcohol and harder drugs, but also nicotine – all of which resist long term treatment.” A \$4 million National Institutes of Health grant is allowing scientists at Johns Hopkins to expand their research on the subject.

States Expanding What Pharmacists Can Do Despite Physician Groups Objecting.

[Kaiser Health News](#) (3/31, Andrews) reports, “According to the National Alliance of State Pharmacy Associations, more than a dozen states have expanded what pharmacists can do to include testing and treating people for illnesses such as strep throat, flu, and urinary tract infections and preventing HIV.” Some states have gone even further, “allowing pharmacists to prescribe medications on their own to treat a broad range of conditions for which there are rapid point-of-care tests, if it’s appropriate based on clinical guidelines.” However, physician “groups have long objected to the taking on of certain types of patient care by pharmacists, nurse practitioners, physician assistants, and other nondoctors unless it is overseen by or approved by physicians.”

Funding Opportunities



[RFA-DA-23-002](#)

[Increasing Immediate Engagement and Retention in HIV Treatment with Substance Users \(R01- Clinical Trials Required\)](#)

[NOT-MH-22-220](#)

[Notice of Intent to Publish a Funding Opportunity Announcement for National Cooperative Drug/Device Discovery/Development Groups \(NCDDG\) for the Treatment of Mental Disorders or Alcohol Use Disorder \(U01 Clinical Trial Optional\)](#)

[NOT-MH-22-221](#)

[Notice of Intent to Publish a Funding Opportunity Announcement for National Cooperative Drug/Device Discovery/Development Groups \(NCDDG\) for the Treatment of Mental Disorders or Alcohol Use Disorder \(U19 Clinical Trial Optional\)](#)

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